

APPLICATION FOR SECTION 3 BUSINESS CONCERN PREFERENCE

Name of Business: _____

Address of Business: _____

Contact Person: _____ Job Title: _____

Telephone #: (____) _____ E-mail: _____

This application must be fully completed for any business claiming a Section 3 Business Preference. The business must select one of the three items below and provide required documentation to be considered for Section 3 Business Preference.

Type of Business Entity: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture ☐

Does the business qualify as MBE/WBE? MBE ☐ WBE ☐

TYPE OF BUSINESS CONCERN

The business certifies that it is a Section 3 Business Concern based on:

- ☐ (Type 1) Business is owned, at least 51% by Section 3 Residents
- Provide signed Section 3 Worker Claim Form for each Section 3 owner (Form 4)
 - Provide copy of Business License
 - Provide list of owners/stockholders (Form 1)
- ☐ (Type 2) At least 30% of permanent, full-time employees are currently Section 3 Residents or were Section 3 eligible within the past 3 years.
- Provide List of Existing Employees and Employees by Classification (Forms 2 and 3)
 - Provide signed Section 3 Worker Claim Form for each worker (Form 4)
- ☐ (Type 3) (*Only applicable for Prime Contractors*) Commitment to subcontract 25% of the dollar award to qualified Section 3 Business Concerns.
- Provide documentation for either of the two items above for each subcontractor.

Please indicate the category the business falls under

(Mark X)	Section 3 Business Preference Description
<input type="checkbox"/>	Category 1. Business that is 51 percent or more owned by residents of the housing development or developments for which the Section 3-covered assistance is expended.
<input type="checkbox"/>	Category 2. Business whose full-time, permanent workforce includes 30 percent of whom are currently Section 3 residents, or within 3 years of the first date of employment were Section 3 eligible.
<input type="checkbox"/>	Category 3. Business that provides evidence of a commitment to award 25 percent of the total award to Section 3 Business concern(s).

The undersigned business hereby declares the information within this completed application (and any attachments) is, to the best of his/her knowledge, true and accurate. The business is aware that if the Agency discovers that any such information is not true and accurate, such shall allow the Agency to not award the business a Business Preference and, if the Agency deems such is warranted, may declare the business nonresponsive and not allow such to receive an award.

Print

FORM 1: COMPANY OWNERSHIP

This form is for businesses claiming at least 51% ownership by Section 3 resident(s)

(1) Owner's Name	(2) Is the Owner a Section 3 Resident? ¹	(2) Owner's address <i>(Please specify whether in public housing or Section 8)</i>	(2) Percentage of the business owned by each individual
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

FORM 2: LIST OF EXISTING EMPLOYEES

¹ If owners were Section 3 qualified within the last three (3) years, but no longer live in public housing, please check the box anyway.

Business: _____ Total # of Employees: _____ # of Section 3 Employees: _____

[illegible]

Signature: _____ Date: _____

Section 3 Business Concern Preference Packet – 1-2-2020

This form is for businesses claiming at least 30% of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of first date of employment with the business.

(1) Classification	(2) Total Number of Current Permanent Employees	(3) Total Number of Section 3 Resident Employees
Trainees		
Apprentices		
Journeypersons		
Laborers		
Supervisory		
Superintendent		
Professional		
Clerical		
Other:		
Total		

FORM 4: SECTION 3 WORKER CLAIM FORM

Name: _____
Address: _____
Employer: _____

Phone Number: _____
Last 4 digits of SSN: _____
Employment Start Date:² _____

PART 1

- ☐ Option A: Public housing resident
☐ Section 8 ☐ Public Housing Property [property name: _____]
Head of household (name on the lease): _____

Please continue to the signature part of this form (Part 2).

- ☐ Option B: Low-income person (non-public housing resident)

Please specify (✓) your family size and confirm your household income level

Family Size	1	2	3	4	5	6	7	8
Household Income Level ³	<input type="checkbox"/> Less than \$36,300	<input type="checkbox"/> Less than \$41,500	<input type="checkbox"/> Less than \$46,700	<input type="checkbox"/> Less than \$51,850	<input type="checkbox"/> Less than \$56,000	<input type="checkbox"/> Less than \$60,150	<input type="checkbox"/> Less than \$64,300	<input type="checkbox"/> Less than \$68,450

Type of verification provided (*only one type is required*)

- ☐ Proof of participation in a low-income assistance program (for example, TANF)
☐ Proof of Youthbuild program participation
☐ Income tax records (for the most recent year)
☐ Proof of participation in a federally assisted program such as a job training program.

PART 2

The undersigned by his/her signature declares under penalty of perjury that the above information is complete and correct.

Signature of Section 3 Worker

Date

To be Completed by Contractors or staff of the Fresno Housing Authority

I confirm that I have seen qualifying proof for the individual whose name appears at the top of this form.

Signature

Company/ Organization Name

² Once certified as Section 3, a worker remains Section 3 for three years. A worker who has been employed for more than a year but was (uncertified) Section 3 when hired, can become certified as Section 3. Please write the date on which you began work with the company

³ Household income levels are equivalent to 80% of Area Median Income